

SCHOOL BUS DRIVER INSTRUCTOR COORDINATOR CERTIFICATION



Check Only One:

- Initial Certification
- Annual Renewal of Certification
- Change/Correction of Information

INSTRUCTOR COORDINATOR INFORMATION

Instructor Coordinator Name: _____ Driver License #: _____

Intermediate Unit: _____ Instructor Coordinator Number: _____

Phone #: _____ Fax #: _____ Email Address: _____

Mailing Address: _____

EMPLOYER INFORMATION

School District/Contractor/IU Name: _____

Phone #: _____ Fax #: _____ Email Address: _____

Mailing Address: _____

AFFIDAVIT FOR CERTIFICATION AS AN INSTRUCTOR COORDINATOR

I swear and affirm that I have been provided with a copy of the School Bus Driver Training Program Administrative Procedures Dated October 2010 and Chapter 71.4 relating to the driver's examination and Chapter 71.5, relating to courses of instruction. I understand and agree that failure to administer the training program as prescribed by these documents will result in the decertification or suspension of my Instructor/Instructor Coordinator privilege.

- I also serve as a School Bus Driver Instructor and I attest that I have a valid Commercial Driver's License with a Passenger Endorsement.
- I am not an active School Bus Instructor

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|-----------|-------------------|------|
| SIGNATURE | INSTRUCTOR NUMBER | DATE |
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SUPERINTENDENT OR EXECUTIVE DIRECTOR INFORMATION

This section must be initialed and signed by the supervising Superintendent or Executive Director.

Superintendent or Executive Director, please initial each statement below:

1. _____ I swear and affirm that I have been provided with copies of the School Bus Driver Training Program Administrative Procedures and 67 PA Code Chapter 71, School Bus Drivers. I understand the roles and duties of an Instructor Coordinator.
2. _____ I understand that failure to administer the training program as prescribed by 67 PA Code Chapter 71 and the School Bus Driver Training Program Administrative Procedures will result in the decertification or suspension of the Instructor Coordinator.

Name: _____ Phone Number: _____

School District/IU: _____

Signature: _____ Date: _____